### Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms

# Gang Resistance Education and Training (G.R.E.A.T.) Program Instructor Training Application

Applicant's Name (To be pri	nted on certificate)	Social	Security	Number	Sex	Title/Rank	
Department/Agency		Duty Phone Number (Area Code)			ea Code)	FAX Number	
Agency Address (No P.O. Box pla	ase) City		State	Zip		Pager Number	
Your E-Mail Address	Would you like ours?				web site to		Address:
Time in Current Assignment	Number of years as police officer?	Yes a full time,			If military	y, Post or Base name?	
Criteria to attend a 2-week (8	80-hour) G.R.E.A.T.	Training s	ession:		1		
teach the G	R.E.A.T. curriculum	in uniform.				of 2 years experience	-
3. Officer mus	<u> </u>	gned <b>Law E</b>				Agencies Committme	
Criteria to attend a 1-week (	40-hour) G.R.E.A.T.	. Training s	session:				
In addition to the criteria lis	sted above, you must	t <u>ALSO</u> me	et the fol	lowing red	quirements	:	
elementary and have to	or secondary school aught as part of a deg	l level with gree require	nin the pa	st 2 years taught as	; or have a a	ner school-based progr primary or secondary teacher in a school sy SRO certificate or teac	educational degree stem within the last 5
the followi	_	-				raining. Please comple	ete one of Year
	er, how many primar			•	-		
Annotate the type of training	program for which	you are qua	alified to	attend, ba	ased upon t	he criteria noted abov	e:
1-week (40-hour) I h2-week (80-hour) I h Annotate the training date(s	nave not taught a stru	ctured curr	riculum t	o middle s	chool-aged	children.	r the latest updates.
							<u>-</u>
SUPERVISOR'S SIGNAT	TURE REQUIRED	ON PAGE	1 <u>AND</u>	PAGE 3 T	TO REGIS	TER FOR EITHER T	TRAINING CLASS.
I agree to the conditions set for	th in this 4-page applic	ation and au	ıthorize th	ne designate	ed officer to	attend G.R.E.A.T. Offic	er Training.
Name of Authorizing O	fficial (Please Print C	learly)			Title of Au	thorizing Official (Pleas	se Print Clearly)
Signature					Date		

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PERSONAL INFORMATION		
Blood Type	Smoker	Non-Smoker
Do you have any significant health problems? If so,	please give details.	
<b>EMERGENCY INFORMATION</b>		
In case of emergency, contact		
Relationship		
-		
EDUCATIONAL EXPERIENCE		
High School	Some College	Jr. College
College Degree(Four-Year)	Masters Degree	Doctorate
LAW ENFORCEMENT EXPERIENCE		
I am a certified commissioned/sworn police officer w	ith full enforcement authority.	
Yes No	Military Police — O	ther (Specify)
I am assigned or have had assignment to: (Check a	ll applicable lines.)	
Uniformed Patrol	School Resource	Narcotics
	Officer	
Community/Public	Investigations	D.A.R.E.
Relations		Instructor
D.A.R.E. Mentor	Gang Unit	Other (Specify)

**Please Note:** If you do not meet the minimum requirements to attend a G.R.E.A.T. Officer Training (GOT) class, you will be notified by the ATF G.R.E.A.T. Program Registrar. All forms must be completed, signed and submitted with the registration packet to be considered eligible for desired class date(s). **ONLY** completed applications will be considered for training.

**Confirmation Notification:** This request for training does not automatically guarantee enrollment in a class. Once you have been accepted and assigned a class date, a confirmation letter with full details on housing, transportation, and class schedules will be provided. Usually, you will receive this information packet approximately 30 - 45 days prior to training. All eligible officers are registered on a first come, first served basis. All training dates on this year's schedule are tentative and could change.

### DO NOT PURCHASE AIRLINE TICKETS UNTIL YOU RECEIVE THE CONFIRMATION PACKAGE FROM THE REGISTRAR'S OFFICE.

**HOW TO APPLY:** Please mail or fax the 4-page Instructor Training Request form, your D.A.R.E.or teaching certificate (*if applicable*), and the Agency Commitment Form (page 3) and the Law Enforcement and Educational Agencies Commitment Form (page 4) to us at:

ATF G.R.E.A.T. Program Registrar P.O. BOX 50418 WASHINGTON, D.C. 20091-0418

Phone: (800) 726-7070 or (202) 927-2160

Fax: (202) 927-3180

 $www.atf.treas.gov/great/great.htm\\ E-mail: great@atfhq.atf.treas.gov$ 

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### Agency Committment Form with the Gang Resistance Education and Training (G.R.E.A.T.) Program

#### APPLICATIONS RECEIVED WITHOUT THIS FORM WILL BE RETURNED TO YOUR DEPARTMENT UNPROCESSED.

#### **PURPOSE**

The popularity of the **G.R.E.A.T.** Program has created a tremendous demand for officer training. Because the demand for training exceeds the ability to provide training, it is imperative that the training the officers receive is utilized. The purpose of this document is to ensure that you, the authorized agency representative, are aware of G.R.E.A.T. policy concerning the intended purpose for officer training.

#### POLICY

The purpose of the **G.R.E.A.T.** Program is to provide certification training to full-time uniformed law enforcement officers who will be teaching the curriculum in the classroom. We ask that you enroll only an officer(s) who will be teaching during the next semester. (*G.R.E.A.T. is skills training; if those skills are not utilized immediately following the training experience, they will be lost.*) We ask that you permit your G.R.E.A.T. Officer to teach the entire curriculum. Alternating instructors interferes with rapport-building between the officer and students, a key element to the success of the program. If your officer is to be a relief/substitute officer, it is our hope that you will allow that officer to teach for a semester before assigning him/her to a substitute role. Again, it is very important for trainees to exercise learned skills immediately following the training.

#### COMMITMENT

Our agency intends to use the officer/applicant during the next school semester.							
Yes No							
The applicant/officer will be used Full-time Part-time Relief Substitute							
The applicant/officer will be given sufficient time to properly teach the G.R.E.A.T. Program.							
Yes No							
The applicant/officer may be allowed to attend in-service training.							
Yes No							
I understand that the G.R.E.A.T. officer is required to teach in uniform.							
Yes No							
I understand that G.R.E.A.T. Officer Training is a comprehensive program that will demand the undivided attention of the applicant/officer, and I am aware that attendance at all classroom sessions is mandatory.							
Yes No							
I understand that the applicant/officer must successfully demonstrate the knowledge, attitudes, and skills necessary to effectively teach the G.R.E.A.T. curriculum in order to be certified.							
Yes No							
SUPERVISOR'S SIGNATURE REQUIRED to attend either the 40- or 80-hour training class.							
Applicant's Name (Please Print):							
Authorized Agency Representative (Supervisor's Signature):							
Date: Agency:							

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## Law Enforcement and Educational Agencies Committment Form to implement the Gang Resistance Education and Training (G.R.E.A.T.) Program

#### APPLICATIONS RECEIVED WITHOUT THIS FORM WILL BE RETURNED TO YOUR DEPARTMENT UNPROCESSED.

The **G.R.E.A.T.** Program is a school-based curriculum developed by law enforcement and educators that is taught by uniformed police officers. It is based upon the unity of two of society's most influential entities: law enforcement and education. The program is also very successful when taught as an after school program. The program requires that a mutual commitment be established between those agencies involved. The signing of the agreement establishes the mutual commitment between the school or after school program and law enforcement agency personnel to provide our children with the knowledge, attitudes and skills necessary to resist the pressures of gangs and their influence. **Please read the attached guidelines prior to signing this agreement.** 

#### THEAGREEMENT

We, the undersigned, are committed to work together to provide the G.R.E.A.T. curriculum to the children of our community. We have considered and have agreed upon the issues outlined in the Guidelines for Establishing a Written Agreement between the Police and School agencies or after school programs. The details of our agreement have been recorded. Both the law enforcement agency and the school/school district/after school program have a copy of the agreement on file.

Law Enforcement Representative Signature	Date	
Law Enforcement Agency		
Educational Agency Signature	Date	
School Name		
After School Program Director's Signature	Date	
Name of After School Program (i.e. PAL, Boys and Girls Club)		

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS. This form must be completed with all signatures and submitted <u>each</u> time you register a new officer for a G.R.E.A.T. Officer Training (GOT) class.

#### PRIVACY ACT INFORMATION

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information for registration in a training program conducted by the G.R.E.A.T. Program.

- 1. AUTHORITY. Sections 1302, 3301, 3304, and 7201 of Title 5, United States Code, 42 U.S.C. 4222; 5 U.S.C. 301; and 46 F.R. 16586.
- 2. **PURPOSE.** To obtain information from State and local government personnel making application to a program conducted by G.R.E.A.T. for the purpose of student registration and program information.
- 3. **ROUTINE USES.** Disclosure upon request to the individual, to the individual's parent agency, or to any other individual or agency at the request of the individual to the G.R.E.A.T. staff or other government officials is on a need to know basis.
- 4. **EFFECT OF NON-DISCLOSURE.** Disclosure of your social security number, which is solicited under the authority of Executive Order 9367, is also voluntary and no right, benefit, or privilege by law will be denied as a result to disclose it. Not providing all or any part of the requested information may result in the applicant not being registered for the requested program.

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